

<i>SERFF Tracking Number:</i>	<i>CMIC-125435198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>15725/08/0002</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0003 Comprehensive Personal Liability</i>
<i>Product Name:</i>	<i>Dwelling Liability</i>		
<i>Project Name/Number:</i>	<i>Rate Correction/15725/08/0002</i>		

## Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Dwelling Liability

SERFF Tr Num: CMIC-125435198

State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$25

Made/Occurrence

Sub-TOI: 17.0003 Comprehensive Personal Liability

Co Tr Num: 15725/08/0002

State Status: Fees verified and received

Filing Type: Rate

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: Darcy Kruse

Disposition Date: 02/15/2008

Date Submitted: 01/18/2008

Disposition Status: Filed

Effective Date Requested (New): 02/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 02/01/2008

Effective Date (Renewal):

State Filing Description:

Received from Edith on 2/11/2008.

## General Information

Project Name: Rate Correction

Project Number: 15725/08/0002

Reference Organization:

Reference Title:

Filing Status Changed: 02/15/2008

State Status Changed: 02/13/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

This filing is a correction to the rates on pages DL-AR-1 and DL-AR-2 as received by you 09-07-2001 and effective 01-01-2002. Dwelling Liability rates were filed at that time as increasing 3.60%, but this change was not reflected on the aforementioned pages. This filing aims to correct the rates to properly correspond to the rate changes previously filed and accepted.

SERFF Tracking Number: CMIC-125435198 State: Arkansas  
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: 15725/08/0002  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0003 Comprehensive Personal Liability  
Product Name: Dwelling Liability  
Project Name/Number: Rate Correction/15725/08/0002

## Company and Contact

### Filing Contact Information

Darcy Kruse, Actuarial Technician dkruse@cameron-insurance.com  
214 McElwain Drive (800) 326-6511 [Phone]  
Cameron, MO 64429-1321 (816) 632-1022[FAX]

### Filing Company Information

Cameron Mutual Insurance Company CoCode: 15725 State of Domicile: Missouri  
214 McElwain Drive Group Code: 532 Company Type: Property & Casualty  
Cameron, MO 64429-1321 Group Name: State ID Number:  
(800) 326-6511 ext. [Phone] FEIN Number: 44-0447850  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation: This filing is a correction to our rates.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$25.00	01/18/2008	17572235

SERFF Tracking Number:	CMIC-125435198	State:	Arkansas
Filing Company:	Cameron Mutual Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	15725/08/0002		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0003 Comprehensive Personal Liability
Product Name:	Dwelling Liability		
Project Name/Number:	Rate Correction/15725/08/0002		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	02/15/2008	02/15/2008
Filed	Becky Harrington	02/13/2008	02/13/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	02/13/2008	02/13/2008	Darcy Kruse	02/14/2008	02/14/2008

*SERFF Tracking Number:*      *CMIC-125435198*      *State:*      *Arkansas*  
*Filing Company:*      *Cameron Mutual Insurance Company*      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *15725/08/0002*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0003 Comprehensive Personal Liability*  
*Product Name:*      *Dwelling Liability*  
*Project Name/Number:*      *Rate Correction/15725/08/0002*

## **Disposition**

Disposition Date: 02/15/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMIC-125435198 State: Arkansas  
 Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$25  
 Company Tracking Number: 15725/08/0002  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0003 Comprehensive Personal Liability  
 Product Name: Dwelling Liability  
 Project Name/Number: Rate Correction/15725/08/0002

Item Type	Item Name	Item Status	Public Access
Supporting Document	Filing Effective 01-01-2002	Filed	Yes
Supporting Document	Transmittal Document	Filed	Yes
Supporting Document	Transmittal Document - new pdf	Filed	Yes
Rate	Rate Page Correction	Filed	Yes

*SERFF Tracking Number:*      *CMIC-125435198*      *State:*      *Arkansas*  
*Filing Company:*      *Cameron Mutual Insurance Company*      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *15725/08/0002*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0003 Comprehensive Personal Liability*  
*Product Name:*      *Dwelling Liability*  
*Project Name/Number:*      *Rate Correction/15725/08/0002*

## **Disposition**

Disposition Date: 02/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMIC-125435198 State: Arkansas  
 Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$25  
 Company Tracking Number: 15725/08/0002  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0003 Comprehensive Personal Liability  
 Product Name: Dwelling Liability  
 Project Name/Number: Rate Correction/15725/08/0002

Item Type	Item Name	Item Status	Public Access
Supporting Document	Filing Effective 01-01-2002	Filed	Yes
Supporting Document	Transmittal Document	Filed	Yes
Supporting Document	Transmittal Document - new pdf	Filed	Yes
Rate	Rate Page Correction	Filed	Yes

SERFF Tracking Number: CMIC-125435198 State: Arkansas  
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: 15725/08/0002  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0003 Comprehensive Personal Liability  
Product Name: Dwelling Liability  
Project Name/Number: Rate Correction/15725/08/0002

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 02/13/2008  
Submitted Date 02/13/2008

Respond By Date

Dear Darcy Kruse,

This will acknowledge receipt of the captioned filing.

Objection 1

- Transmittal Document (Supporting Document)

Comment: I am unable to open the attachment for the transmittal because it has a docx file type. Please re-submit as a pdf file type.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/14/2008  
Submitted Date 02/14/2008

Dear Becky Harrington,

### Comments:

### Response 1

Comments: Dear Ms. Harrington,

I am sorry for attaching a document of the wrong file type. Attached you will find the transmittal document in pdf form. Please let me know if there's anything else I can do for you.

Thank you,

Darcy Kruse

*SERFF Tracking Number:*      *CMIC-125435198*      *State:*      *Arkansas*  
*Filing Company:*      *Cameron Mutual Insurance Company*      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *15725/08/0002*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0003 Comprehensive Personal Liability*  
*Product Name:*      *Dwelling Liability*  
*Project Name/Number:*      *Rate Correction/15725/08/0002*

**Related Objection 1**

Applies To:

-      Transmittal Document (Supporting Document)

Comment:

I am unable to open the attachment for the transmittal because it has a docx file type. Please re-submit as a pdf file type.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Transmittal Document - new pdf

Comment: Property & Casualty Transmittal Document (pdf file)

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Darcy Kruse

<i>SERFF Tracking Number:</i>	<i>CMIC-125435198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>15725/08/0002</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0003 Comprehensive Personal Liability</i>
<i>Product Name:</i>	<i>Dwelling Liability</i>		
<i>Project Name/Number:</i>	<i>Rate Correction/15725/08/0002</i>		

## Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CMIC-125435198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>15725/08/0002</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0003 Comprehensive Personal Liability</i>
<i>Product Name:</i>	<i>Dwelling Liability</i>		
<i>Project Name/Number:</i>	<i>Rate Correction/15725/08/0002</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Filed	Rate Page Correction	DL-AR-1, 2	Replacement	effective 01-01-2002 Dwelling Liability AR 02-01-2008 DPDL with checking calculations.pdf

**PERSONAL LIABILITY SUPPLEMENT TO THE  
DWELLING POLICY PROGRAM MANUAL  
ARKANSAS**

**Annual Premiums - Entire State**

**206. MINIMUM PREMIUM**

Per Policy..... \$75.00

**208. WAIVER OF PREMIUM**

Amount that may be waived..... less than \$3.00

**301. PREMIUM COMPUTATIONS - Cov. L - Personal Liability and Cov. M - Medical Payments to Others**

Coverage L Limits (000's omitted) (includes \$1,000 Cov. M)						Additional Cov. M			
50	100	200	300	400	500	2,000	3,000	4,000	5,000

**1. Primary Residence Premises (DL 24 01 and DL 24 03)**

Occupied by Owner or Apartment

Occupied by Tenant (Named Insured) - rate as 1 Family

a. No Business Occupancy - 0 to 10 Acres

1 Family	47	59	69	75	78	82	4	8	12	16
2 Families	82	102	121	130	135	142	4	8	12	16
3 & 4 Families	89	111	131	142	147	154	4	8	12	16

b. Permitted Incidental Occupancy

1 Family	67	83	98	107	111	116	4	8	12	16
2 Families	104	129	153	165	172	180	4	8	12	16
3 & 4 Families	112	139	165	178	185	194	4	8	12	16

**2. Other Insured Locations (DL 24 01 and DL 24 03)**

Occupied by Owner or Apartment

Occupied by Tenant (Named Insured) - rate as 1 Family

a. No Business Occupancy

1 Family	9	11	13	14	15	16	1	2	3	4
2 Families	18	22	26	29	30	31	1	2	3	4
3 Families	99	123	146	157	163	172	1	2	3	4
4 Families	176	219	259	280	290	305	1	2	3	4

b. Permitted Incidental Occupancy

1 Family	30	37	44	48	50	52	1	2	3	4
2 Families	38	47	56	60	63	66	1	2	3	4
3 Families	129	161	190	205	213	224	1	2	3	4
4 Families	147	183	216	234	243	255	1	2	3	4

**3. Other Insured Locations (DL 24 01 and DL 24 03)**

Not Occupied by Owner (DL 24 04 or DL 24 11)

1 Family	17	21	25	27	28	29	1	2	3	4
2 Families	28	35	41	45	46	49	1	2	3	4
3 & 4 Families	73	91	107	116	120	127	1	2	3	4

**4. 11 to 80 Acres Additional Charge - attach DL IFPL endorsement**

Primary Residence Premises or Other Insured Locations

1 Family	21	26	31	33	35	36	4	8	12	16
2 Families	37	46	54	59	61	64	4	8	12	16
3 & 4 Families	40	50	59	64	66	69	4	8	12	16

**PERSONAL LIABILITY SUPPLEMENT TO THE  
DWELLING POLICY PROGRAM MANUAL  
ARKANSAS**

Annual Premiums - Entire State

**301. PREMIUM COMPUTATIONS - continued**

		Coverage L Limits (000's omitted) (includes \$1,000 Cov. M)						Additional Cov. M			
		50	100	200	300	400	500	2,000	3,000	4,000	5,000
<b>5.</b>	<b>Business Pursuits (DL 24 05)</b>										
	<b>Classification:</b>										
	a. Clerical Office Employees	4	5	6	6	7	7	1	2	3	4
	b. Salesmen, Collectors or Messengers Including Installation, Demonstrating or Servicing	6	7	9	10	10	10	1	2	3	4
	c. Salesmen, Collectors or Messengers Excluding Installation, Demonstrating or Servicing	4	5	6	6	7	7	1	2	3	4
	d. Teachers - Laboratory, Manual Training, Athletic and Physical Training	12	15	18	19	20	21	2	4	6	8
	e. Teachers - Not Otherwise Classified	5	6	7	8	8	9	1	2	3	4
	f. Teachers - Corporal Punishment - Add to d. or e.	5	6	7	8	8	9				
<b>6.</b>	<b>Employers' Liability</b>										
	Medical Payments in excess of 2 employees - Per Person	6	7	9	10	10	10				
<b>7.</b>	<b>Owned Snowmobiles (DL 24 07)</b>										
	Per Snowmobile	48	60	71	76	79	83	1	2	3	4
<b>8.</b>	<b>Watercraft (DL 24 06)</b>										
	a. Outboard, Inboard or Inboard-Outdrive Motors										
	<b>Horsepower Length</b>										
	26 to 50 Up to 15 ft	11	14	16	17	18	19	2	4	6	8
	51-100 Up to 15 ft	20	25	29	32	33	35	2	4	6	8
	101-150 Up to 15 ft	27	34	40	43	45	47	3	6	9	12
	26 to 50 16 to 26 ft	17	21	25	27	28	29	2	4	6	8
	51-100 16 to 26 ft	29	36	43	46	48	50	2	4	6	8
	101-150 16 to 26 ft	34	42	50	54	56	59	3	6	9	12
	151-200 16 to 26 ft	57	71	84	91	94	99	6	12	18	24
	b. Sailboats With or Without Auxiliary Power										
	<b>Length</b>										
	26-40	39	49	57	62	64	68	3	6	9	12
<b>9.</b>	<b>Loss Assessment Liability Coverage (DL 24 14) - rate per \$1,000 - each location - \$1.04</b>										
<b>10.</b>	<b>Personal Injury (DL 24 82)</b>	13	16	19	21	21	23				

SERFF Tracking Number: CMIC-125435198 State: Arkansas  
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: 15725/08/0002  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0003 Comprehensive Personal Liability  
Product Name: Dwelling Liability  
Project Name/Number: Rate Correction/15725/08/0002

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Filing Effective 01-01-2002 Filed 02/13/2008

#### Comments:

Attached is a copy of our filing you received 09-07-2001 that was approved and effective 01-01-2002. The current filing aims to correct the rates on pages DL-AR-1 and DL-AR-2.

#### Attachment:

AR DL 01-01-2002 filing.pdf

### Review Status:

**Satisfied -Name:** Transmittal Document - new pdf Filed 02/15/2008

#### Comments:

Property & Casualty Transmittal Document (pdf file)

#### Attachment:

Filing Form.pdf

**FILED**

SEP 24 2001

PROPERTY AND CASUALTY  
ARKANSAS INSURANCE DEPT.**RECEIVED**

SEP 24 2001

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

September 19, 2001

Honorable Mike Pickens Commissioner  
Arkansas Insurance Department  
1200 West Third St.  
Little Rock, Arkansas 72201-1904

Attn: Becky Harrington  
Senior Rate and Form Analyst

Re: Farm and Dwelling Programs  
Corrected Rules - September 5, 2001  
Cameron Mutual Insurance Company - 15725

Dear Ms Harrington:

Regarding your September 12, 2001 letter with reference to Cameron Mutual Insurance Company's Farm and Dwelling Programs filing, you expressed concern over the wording of a rule that stated "Refer to company" for a particular rate/premium. We have change the wording to state "Less than \$3." I hope that this correction will be with in accordance of Ark. Code Ann. 23-67-211(a)(1). We have enclosed two copies of the filing, in which we are seeking your approval. Your return of a copy of this corrected filing bearing your stamp of approval will be greatly appreciated.

The following are the corrected pages:

Current Pages	Manual Pages	Revised Pages
FO-GR-1 (Rev.) 11-01-2001		FO-GR-1 (Rev.) 11-01-2001
FL-GR-1 (Rev.) 11-01-2001		FL-GR-1 (Rev.) 11-01-2001
DL-GR-3 (Rev.) 01-01-2002		DL-GR-3 (Rev.) 01-01-2002
DL-AR-1 (Rev.) 01-01-2002		DL-AR-1 (Rev.) 01-01-2002
DP-GR-5 (Rev.) 01-01-2002		DP-GR-5 (Rev.) 01-01-2002
DP-AR-3 (Rev.) 01-01-2002		DP-AR-3 (Rev.) 01-01-2002

If you have any questions, please contact me at 816-632-6511 ext. 355 or email at dgrimm@cameron-insurance.com.

Sincerely,

David Grimm  
Actuarial Technician  
Cameron Mutual Insurance Company

Enclosures



September 5, 2001

Honorable Mike Pickens Commissioner  
Arkansas Insurance Department  
1200 West Third St.  
Little Rock, Arkansas 72201-1904

**RECEIVED**

SEP 07 2001

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

Attn: Becky Harrington  
Senior Rate and Form Analyst

Re: Farm and Dwelling Programs  
Revised Rates and Rules  
Cameron Mutual Insurance Company

Dear Ms Harrington:

Cameron Mutual Insurance Company proposes to revise rules and rates for the Farmowners, Farm Fire, Farm Liability, Dwelling Liability, and Dwelling Property Programs. Included in this filing are the following supporting documentation for each program:

- the required RF-1
- Summary of Changes – an explanation of the proposed rule page modifications
- Rate Level Indications – abstract of the proposed rate revision

We seek to revise the Farmowners program effective November 1, 2001. The rate impact is estimated at 15.0% for Dwelling, 16.2% for Tenant, 15.9% for Scheduled Personal Property, 20.9% for Unscheduled Personal Property, 23.6% for Other Structures, 58.2% for Liability, and 24.8% for Medical Payments, for a total effect of 20.0% statewide. We estimate an annual overall revenue effect of \$128,003; however, the actual increase a policyholder will incur will depend upon the limit of liability, deductible, territory, etc. of the insured premises.

For Farmowners, we have experienced large losses in the state of Arkansas, over the last five-year period we have had a loss ratio of 109.4%. Over the last four years, the loss ratio has increased considerably ending with an loss ratio of 152.65% in the year 2000. This has given Cameron Mutual an indicated need of 62.63% of which we are taking only 20%. Supporting documentation of the indicated need is enclosed.

We are seeking revisions to our Farm Liability program with an effective date of November 1, 2001. There will only be rule changes for this program.

In our Farm Fire program, we are seeking revisions with an effective date of December 1, 2001. The rate impact for this revision is 8.5% for all coverages within the Farm Fire program with an estimated an annual revenue effect of \$2,479.

We are also currently seeking revisions to our Dwelling Liability program with an effective date of January 1, 2002. This rate impact is 3.61% for all coverages within the Dwelling Liability program. We estimate an annual overall revenue effect of \$311 for the state of Arkansas.

Along with the above mentioned program revisions, we are seeking revisions to our Dwelling Property program with an effective date of January 1, 2002. The rate impact is 15.0% for all coverages within the Dwelling Property program. We estimate an annual overall revenue effect of \$54,479.

214 McElwain Drive  
Cameron Missouri 64429-1321  
(816) 632-6511

AID/P&C SEP 24 2001

Finally, we are seeking revisions to our Earthquake program effective November 1, 2001, for Farmowners, December 1, 2001, for the Farm Fire and January 1, 2002, for Dwelling Property. These effective dates coincide with the changes for the supporting coverage. The rate impact is 15.0% for all coverages within the Earthquake programs with an annual revenue effect of \$7,897.

To summarize our proposed revisions:

Line of Business	Description of Revision	Coverage	Indicated Need	Proposed Revision	Proposed Revenue Effect	Effective Date
Farmowners	Rules & Rates	Dwelling		15.0%		
		Tenant		16.2%		
		Sched Farm Personal Prop		15.9%		
		Unsched Farm Personal Prop		20.9%		
		Other Structures		23.6%		
		BI & PD Liability		58.2%		
		Medical Payments		24.8%		
		All Coverages Excluding EQ	62.6%	20.0%	\$128,003	11/01/2001
		Earthquake	39.6%	15.0%	\$3,360	11/01/2001
Farm Fire	Rules & Rates	All Coverages Excluding EQ	8.5%	8.5%	\$2,479	12/01/01
		Earthquake	39.6%	15.0%	Unknown	12/01/01
Farm Liability	Rules Only					11/01/2001
Dwelling Property	Rules & Rates	All Coverages Excluding EQ	44.6%	15.0%	\$54,479	01/01/2002
		Earthquake	39.6%	15.0%	\$4,534	01/01/2002
Dwelling Liability	Rules & Rates	All Coverages	3.60%	3.60%	\$311	01/01/2002

The rule and rate revisions proposed are incorporated in the following manual pages:

#### Farmowners Manual Pages

##### Present Pages

FO-UR-1 (Rev.) 11-01-2000  
 FO-UR-4 (Rev.) 11-01-2000  
 FO-GR-1 (Rev.) 11-01-2000  
 FO-GR-4 through FO-GR-5 (Rev.) 11-01-2000  
 FO-GR-11 (Rev.) 11-01-2000  
 FO-AR-1.1 through FO-AR-3 (Rev.) 11-01-2000  
 FO-AR-5 (Rev.) 02-01-1996  
 FO-AR-7 (Rev.) 06-01-1996  
 FO-AR-8 through FO-AR-12 (Rev.) 11-01-2000

##### Revised Pages

FO-UR-1 (Rev.) 11-01-2001  
 FO-UR-4 (Rev.) 11-01-2001  
 FO-GR-1 (Rev.) 11-01-2001  
 FO-GR-4 through FO-GR-5 (Rev.) 11-01-2001  
 FO-GR-11 (Rev.) 11-01-2001  
 FO-AR-1.1 through FO-AR-3 (Rev.) 11-01-2001  
 FO-AR-5 (Rev.) 11-01-2001  
 FO-AR-7 through FO-AR-12 (Rev.) 11-01-2001  
 FO-SP-1 11-01-2001 through FO-SP-2 11-01-2001

#### Farm Fire Manual Pages

##### Present Pages

FF-9 Rev. 3-1-91 through FF-10 Rev. 02-01-96

##### Revised Pages

FF-9 through FF-10 (Rev.) 12-01-2001

#### Dwelling Liability Manual Pages

##### Present Pages

DL-UR-1 through DL-UR-2 (Rev.) 11-01-1998  
 DL-GR-3 11-01-1998  
 DL-AR-1 through DL-AR-2 (Rev.) 01-01-1999

##### Revised Pages

DL-UR-1 through DL-UR-2 (Rev.) 01-01-2002  
 DL-GR-3 (Rev.) 01-01-2002  
 DL-AR-1 through DL-AR-2 (Rev.) 01-01-2002

September 5, 2001  
Becky Harrington  
Page 3

**Dwelling Property Manual Pages**

**Present Pages**

DP-UR-1 (Rev.) 01-01-1999  
DP-UR-2 through DP-UR-4 (Rev.) 01-01-1998  
DP-UR-6 (Rev.) 01-01-1999  
DP-GR-5 11-01-1998  
DP-AR-1.1 through DP-AR-2.2 (Rev.) 01-01-1999  
DP-AR-3 (Rev.) 01-01-1999  
DP-AR-4 (Rev.) 11-01-1998

**Revised Pages**

DP-UR-1 (Rev.) 01-01-2002  
DP-UR-2 through DP-UR-4 (Rev.) 01-01-2002  
DP-UR-6 (Rev.) 01-01-2002  
DP-GR-5 (Rev.) 01-01-2002  
DP-AR-1.1 through DP-AR-2.2 (Rev.) 01-01-2002  
DP-AR-3 (Rev.) 01-01-2002  
DP-AR-4 (Rev.) 01-01-2002

**Farm Liability Manual Pages**

**Current Pages**

FL-UR-1 through FL-UR-2 Third Revisions 11-9-2000  
FL-GR-1 07-01-98

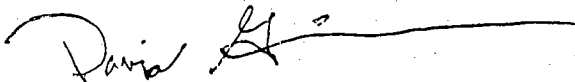
**Revised Pages**

FL-UR-1 through FL-UR-2 (Rev.) 11-01-2001  
FL-GR-1 (Rev.) 11-01-2001

We have enclosed two copies of the filing, in which we are seeking your approval. Your return of a copy of this filing bearing your stamp of approval will be appreciated and we have enclosed a self-addressed stamped envelope. A check in the amount of \$100 for the filing fee completes the enclosures.

If you have any questions, please contact me at 816-632-6511 ext. 355 or email at [dgrimm@cameron-insurance.com](mailto:dgrimm@cameron-insurance.com).

Sincerely,



David Grimm  
Actuarial Technician  
Cameron Mutual Insurance Company

Enclosures

AID/P&C SEP 24 2001

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	Cameron Insurance Companies				<b>Group NAIC #</b>	0532
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Cameron Mutual Insurance Company	Missouri	17525	44-0447850	N/A		

<b>5. Company Tracking Number</b>	15725/08/0002
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Darcy Kruse 214 McElwain Dr. Cameron, MO 64429	Actuarial Tech	816.632.6511 Ext. 355	816.632.1022	dkruse@cameron-insurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Darcy Ann Kruse		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0000 Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0003 Comprehensive Personal Liability
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal[X] Other (give description)  Correction to 09-24-2001 filing's rates.
<b>14. Effective Date(s) Requested</b>	New: 02-01-2008   Renewal: 02-01-2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	15725/08/0002
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21.	Filing Description
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This filing is a correction to the rates on pages DL-AR-1 and DL-AR-2 as received by you 09-07-01 and effective 01-01-2002. Dwelling Liability rates were filed at that time as increasing 3.60%, but this change was not reflected on the aforementioned pages. This filing aims to correct the rates to properly correspond to the rate changes previously filed and accepted.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	15725/08/0002
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A

Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use					
<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change (where required)</b>	<b>Minimum % Change (where required)</b>
<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change</b>	<b>Minimum % Change</b>

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
		<b>COMPANY USE</b>	<b>STATE USE</b>
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	3.6%
<b>7.</b>	<b>Effective Date of last rate revision</b>	01-01-2002
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use

<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	DL-AR-1 (Corr.) 02-01-2008 DL-AR-2 (Corr.) 02-01-2008	[ ] New [x] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	